

NHSCB28023

**BOARD PAPER - NHS COMMISSIONING BOARD**

**Title:** Building Citizen and Community Engagement in the NHS Commissioning Board

**Clearance:** Tim Kelsey, National Director Patients and Information

**Purpose of Paper:**

- This paper sets out a proposition to establish a design group to explore the creation and development of a citizen and community assembly through enabling a civil society movement that brings transparent accountability and a powerful voice for patients and the public to the NHS Commissioning Board (NHS CB).

**Key Issues and Recommendations:**

- The Board is asked to endorse this proposal to establish a design group, which will work up the detail and options for an NHS Civil Society Assembly.

**Actions Required by Board Members:**

- That Board members agree to the forming of a design group, involving key public opinion formers and leaders, who can develop the concept and approach in an independent way.
- That the Board launches a call to participate in the design and development of a Civil Society Assembly at the Healthcare Innovation Expo in March 2013.

## **Building Citizen and Community Engagement in the NHS CB**

### **Issue**

1. The NHS Commissioning Board has an ambition to build citizen voice and influence throughout the NHS commissioning system, so that citizens hold the NHS to account, driving improvements in quality and outcomes.
2. The NHS CB needs to operate in a transparent and publicly accountable way. In part, this is being achieved by actions such as: opening the Board's proceedings to public involvement and scrutiny; the Non-Executive Director roles on the Board; and through compliance with the new legal duties to promote both individual and collective involvement.
3. The issues and challenges this poses should not to be underestimated. People have a passive relationship with the NHS and their activation is generally low. The paternalistic medical model of health is not conducive to equitable and person-centred approaches to involving people, their families and communities.
4. Co-designing and creating an independent 'Civil Society Assembly' could be the means through which the NHS CB can directly engage with citizen voice in a publicly accountable and transparent forum.

### **Challenge**

5. Public voice has a chequered history that has been fraught with difficulties. Loud voices have in the past grown around the Community Health Council, Patient and Public Involvement Forum and Local Involvement Network communities. These statutory approaches have attracted what might be called 'the professional patient' – often white, middle class, middle aged/retired professionals – who speak with volume not necessarily on behalf of those who are mostly unheard.
6. Throughout the NHS there are many ways in which 'Patient and Public Engagement' is undertaken and people have multiple routes through which to become involved and have influence. Creating a national assembly needs to recognise and build from these foundations and go beyond the 'usual suspects' or the 'expert patient reps' into communities whose primary issues may not be 'health' but other social determinants that have a major impact e.g. housing and employment. This means it will need a much wider reach than the individual patient champions and advocacy organisations the NHS has traditionally engaged with.
7. Local Healthwatch offers a new opportunity, supported by Healthwatch England (HWE), to revive and refresh citizen and community engagement and influence in local health and care services. We will need to work closely with HWE to ensure we develop complementary approaches as there will be mutual benefit.

## Proposition

8. We are proposing that the Board supports the development and creation of an independent, national 'Civil Society Assembly'. The assembly would provide a focus for public opinion and voice, connecting insight and experience to amplify patient and public views, perceptions and experiences in an independent and accountable way.
9. It would be the visible manifestation of a broad and deep social movement that engages with local communities – particularly those whose voice isn't heard, connected with, understood, and have the greatest health inequalities in the current system.
10. To be credible the Assembly must be independent of the Board. A design group of leading public opinion formers, community champions and trusted household names who care about the NHS and the health of the population should be asked to undertake a scoping and design exercise to explore potential operating models, issues and approaches. The Board should not seek to control this design process but should provide the support for a collaborative design group over the next six months.
11. One or more of the Non-Executive Directors could be asked to volunteer to participate and provide the direct connection back to the Board.

## What could it do?

12. Whilst it would be for a design group to define this we would suggest that an Assembly might offer:
  - **public accountability** - be an independent and critical mirror for the NHS CB to hear, understand, respond and take action on people's experiences of the NHS;
  - **co-design, advice and reflection** – a forum that stimulates ideas, tests thinking and draws experience and evidence together;
  - **challenge** – as a critical and challenging 'friend' it would have the expertise, insight and evidence to provide citizen challenge; and
  - **voice** – of the hardest to hear, the most vulnerable and the most marginalised people in society, bringing together their diverse experiences to amplify their voice throughout the NHS.
13. Through a variety of approaches and techniques it would be the catalyst for a social movement that engages and stimulates new, emerging and established groups and organisations to connect and link those with shared interests – building a movement of voice and participation that has clear routes to influence and hold to account.

14. Having a virtual identity through social media and online forums would potentially increase participation and cast the net wide on who contributes. Connecting existing groups and participants potentially supports existing 'Patient Leaders' to share mutual support, evidence and practice and establish their own learning communities from which they can increase the 'push' factors.
15. The Assembly could be a route through which data and information about our health and care is publicly available, debated and interpreted. Making available transparent data about our health and health services might need further interpretation for it to be understood and applied – an independent Assembly could be a route through which civil society groups can collaborate and contribute to that, utilising data in new and innovative ways.
16. The Assembly could have a physical manifestation of participation and involvement – meeting once or twice a year would give a platform to hold the Board to account and report on its views against performance. It would also be an opportunity to celebrate the contribution 'lay leaders', volunteers, and others who participate make to the NHS.
17. This might best be achieved through a large annual conference: "The Peoples NHS Expo" looking at the service exclusively from the perspective of the people who use it.

### **Risks**

18. This would be a high profile venture, which, if successful, would help to engage 'the public' in a more informed, evidenced and 'adult' conversation about the NHS and our health services.
19. However, there are risks: public perception and NHS priorities and approaches do not always align. The contributing factors to debates about reconfiguration are complex and there will always be local campaigns that run counter to the system view. The Assembly would need to mitigate against being captured by a vocal minority and the vested interest groups.
20. The high profile nature of the proposal – involving 'celebrity' names – may lead to a perception of it being a gimmick or distraction from the main event. It would have to make a difference and have an impact. This would take time – during which some may lose interest if it loses the public spotlight / momentum.

### **Conclusion**

21. Whilst we recognise there is some risk this is an exciting and innovative approach: an opportunity for the NHS CB to show new and real intent. We

suggest that it is imperative that the Board welcomes new approaches to civic participation and involvement that influence and hold it to account.

22. The Board is asked to endorse this proposal to establish a design group, which will work up the detail and options for an NHS Civil Society Assembly.

**Tim Kelsey**

**National Director for Patients and Information**

**February 2013**